

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10538144
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	1	1	1	1	1	1		51	1	1	1	1	1	
1	1	1	1	1	1	1		52	1	1	1	1	1	
2		1		1		1		53	1	1	1	1	1	
3		1		1		1		54	24		1			
4		1		1		1		55	24		1			
5		1		1		1		56	24		1			
6		1		1		1		57	24		1			
7		1		1		1		58	24		1			
8		1		1		1		59	24		1			
9		1		1		1		60	24		1			
10		1		1		1		61	24		1			
11		1		1		1		62						
12		1		1		1		63						
13		1		1		1		64						
14		1		1		1		65						
15		1		1		1		66						
16		1		1		1		67						
17		1		1		1		68						
18		1		1		1		69						
19		1		1		1		70						
20		1		1		1		71						
21		1		1		1		72						
22		1		1		1		73						
23		1		1		1		74						
24		1		1		1		75						
25		1		1		1		76						
26		1		1		1		77						
27		1		1		1		78						
28		1		1		1		79						
29		1		1		1		80						
30		1		1		1		81						
31		1		1		1		82						
32		1		1		1		83						
33		1		1		1		84						
34		1		1		1		85						
35		1		1		1		86						
36		1		1		1		87						
37		1		1		1		88						
38		1		1		1		89						
39		1		1		1		90						
40		1		1		1		91						
41		1		1		1		92						
42		1		1		1		93						
43		1		1		1		94						
44		1		1		1		95						
45		1		1		1		96						
46		1		1		1		97						
47		1		1		1		98						
48		1		1		1		99						
49		1		1		1		100						
50		1		1		1								
TOTAL IND.		↓		↓		↓		TOTAL IND.	↓	1	↓		↓	
TOTAL DEP.		←		←		←		TOTAL DEP.	←	53	←		←	
TOTAL CLAIMS								TOTAL CLAIMS		54				